

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031475

FILED VS. AUG 29 1960

201

Primary Registration District No. 3048

Registrar's No. 194

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE Mo. b. COUNTY Nodaway	
b. CITY (if outside corporate limits, give TOWNSHIP only) Macurville		Length of stay in 1b 16 da.	c. CITY OR TOWN Elmo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) Raymond C Ebert			4. DATE OF DEATH 8 23-1960		
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-26-1919	9. AGE (last birthday) 40	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done or most of work done, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Ebert		13b. MOTHER'S MAIDEN NAME Emma Klute		14. NAME OF HUSBAND OR WIFE Mrs Jean Ebert	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) WW II	16. SOCIAL SECURITY NO. 493-42-2464	17. INFORMANT Mrs. Jean Ebert, West Elmo, Mo	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (d), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) acute myocardial infarction		16 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) acute coronary thrombosis	16 days
	DUE TO (c) coronary arteriosclerosis	unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION West Elmo, Mo	COUNTY Nodaway	STATE Mo
21. I attended the deceased from performed autopsy 8-23-60 and last saw her/him alive on 8-23-60 . Death occurred at 5:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) Ernest B. Lettler M.D.	22b. ADDRESS St. Francis Hosp. Macurville Mo.	22c. DATE SIGNED 8-23-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/25/1960	23c. NAME OF CEMETERY OR CREMATORY St. John's Cem - Westboro, Mo.	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Tucker Funeral Home - Westboro Mo	25. DATE RECD. BY LOCAL REG. 8-25-60	26. REGISTRAR'S SIGNATURE Bess Holt	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 30 1960

887 3 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *G M Alcherson*

Licensed Embalmer No. 2279

P. O. Address *Mayfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.